

Complaints Form



TO BE COMPLETED BY PERSON INVESTIGATING THE COMPLAINT

WHO HAS BEEN INFORMED ABOUT THE COMPLAINT *tick ALL relevant boxes*

Client	<input type="checkbox"/>	Registered Manager	<input type="checkbox"/>	Commissioners	<input type="checkbox"/>	Independent Case Manager	<input type="checkbox"/>
Client's family	<input type="checkbox"/>	HR Manager	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	Other	<input type="checkbox"/>
Case manager	<input type="checkbox"/>	Directors	<input type="checkbox"/>	CQC	<input type="checkbox"/>		

Investigation plan: *outline the planned activities to investigate the complaint*

Outcome of investigation:

Complaints Form



New
Horizons
Care

Further actions:

RESPONSE TO COMPLAINANT PROVIDED BY:

Name		Position	
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METHOD OF RESPONSE:

Letter	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone call	<input type="checkbox"/>	Meeting	<input type="checkbox"/>
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Signature		Print		Date	
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TO BE COMPLETED BY REGISTERED MANAGER

Reviewed by RM	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complaint logged on Spreadsheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any further action		

Signature		Print		Date	
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